



## Lifestyle

We ask everyone the following questions. They have to do with health and safety.

1. Does anyone living in your house smoke *inside* the home?

- ☐ No  
☐ Unknown  
☐ Yes [904]

## Nutrition/Health

I am going to ask you some questions about your baby's diet. Then we will come back and address any concerns or questions you may have. Is this all right with you?

1. How do you feed your baby?

- ☐ Breastfeeding ☐ Formula ☐ Combination ☐ Other \_\_\_\_\_ [411.01]

2. How do you know when (infant's name) is hungry or full?

\_\_\_\_\_ [411.04]

3. *(If any breastfeeding)* How is breastfeeding going?

- ☐ No concerns  
☐ Concerns (describe) \_\_\_\_\_ [603, 702]

4. *(If any breastfeeding)* Describe for me how often (infant's name) nurses and for how long?

- ☐ Not breastfeeding  
☐ Description (how often/how long) \_\_\_\_\_ [411.07]

5. Do you use bottles to feed your baby?

- ☐ No  
☐ Declined  
☐ Yes

Do you put anything in the bottle other than breast milk, formula or water?

- ☐ No ☐ Yes (contents of bottle): \_\_\_\_\_ [411.01, 411.02, 411.03, 411.05]

6. *(If putting breast milk in a bottle)* Tell me more about how you prepare, store and give bottles with breast milk.

- ☐ Appropriately handles, stores and gives bottles  
☐ Fresh added to already frozen  
☐ Adding **fresh chilled to** frozen in an amount greater than the amount of frozen  
☐ Failure to clean breast pump/bottles per manufacturer's instruction  
☐ Held from a used bottle to use at another feeding  
☐ Props bottle  
☐ Refreezing  
☐ Thawed held in refrigerator over 24 hours  
☐ Thawed/**heated** in microwave [411.02, 411.03, 411.04, 411.09]

7. (If using any formula) Tell me more about how you prepare, store and give (infant's name)'s bottles.

Formula brand/type: \_\_\_\_\_

Ounces/bottle: \_\_\_\_\_ Number of bottles in 24 hours: \_\_\_\_\_

- ☐ Appropriately prepares, stores and give bottles  
☐ Held too long at room temperature  
☐ Held in refrigerator longer than manufacturer's or physician instruction  
☐ Held in bottle from last feeding or over 1 hour from start of feeding  
☐ Props bottles  
☐ Using improperly cleaned bottles  
☐ Unsafe water source

[411.02, 411.03, 411.04, 411.06, 411.08, 411.09]

8. (if any bottle feeding) Does (infant's name) take a bottle to bed?

☐ No ☐ Declined ☐ Yes What is in the bottle? \_\_\_\_\_ [411.02]

9. Does (infant's name) drink from anything else other than breast or bottle?

- ☐ No  
☐ Declined  
☐ Yes  
☐ Sippy cup ☐ Sippy cup - bottle-type lid ☐ Cup without lid (contents: \_\_\_\_\_)

Other (describe): \_\_\_\_\_ [411.02]

10. What else, if anything, do you feed (infant's name)?

☐ No solids yet ☐ Baby food in jars  
☐ Homemade baby food ☐ Table/family food ☐ Other (describe) \_\_\_\_\_

When did (infant's name) first have foods other than breast milk or formula? Age in months: \_\_\_\_\_

- ☐ Cereal ☐ Other grains ☐ Fruit ☐ Vegetables ☐ Meat ☐ Yogurt ☐ Cheese

[411.03, 411.04, 411.05, 411.08, 902]

11. Tell me about how (infant's name) eats, like picking up pieces of food or holding a cup. ☐ Is not feeding self

☐ Reaches for food ☐ Picks up pieces of food ☐ Helps hold silverware ☐ Helps hold cup [411.04]

12. If you ever add anything to (infant's name)'s food or liquids, what do you add?

☐ Nothing ☐ Cereal  
☐ Corn syrup ☐ Salt ☐ Sugar ☐ Honey ☐ Other (describe): \_\_\_\_\_ [411.02, 411.03]

13. Does (infant's name) take any vitamins, minerals, herbs or dietary supplements?

☐ No  
☐ Declined  
☐ Yes  
☐ Vitamin/mineral supplement ☐ Vitamin D ☐ Fluoride/fluoridated water ☐ Iron [411.10, 411.11]

14. During the last 6 months, have you run out of money to buy food?

☐ No ☐ Unknown ☐ Yes [411.08]

15. Given all we have talked about, what nutrition, health or feeding questions do you have today?

☐ No questions/concerns  
☐ Questions/concerns

\_\_\_\_\_  
\_\_\_\_\_

USDA CODE	NUTRITION RISK CRITERIA	USDA CODE	NUTRITION RISK CRITERIA
103	UNDERWEIGHT OR AT RISK OF UNDERWEIGHT	359	RECENT MAJOR SURGERY, <b>PHYSICAL</b> TRAUMA, BURNS
114	OVERWEIGHT OR AT RISK OF BECOMING OVERWEIGHT	360	OTHER MEDICAL CONDITIONS
115	HIGH WEIGHT-FOR-LENGTH	362	DEVELOPMENTAL, SENSORY, MOTOR DISABILITIES INTERFERING W/ ABILITY TO EAT
121	SHORT STATURE OR AT RISK OF SHORT STATURE	381	ORAL HEALTH CONDITIONS
134	FAILURE TO THRIVE	382	FETAL ALCOHOL SYNDROME
135	<b>SLOWED/FALTERING GROWTH PATTERN</b>	411	INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS
141	LOW BIRTH WEIGHT	411.01	ROUTINELY USING A SUB FOR BREASTMILK/FORMULA
142	PREMATURITY	411.02	ROUTINELY USING BOTTLES OR CUPS IMPROPERLY
153	LARGE FOR GESTATIONAL AGE	411.03	GIVING SOLID FOOD TOO SOON OR TOO CHUNKY
201	LOW HEMATOCRIT/LOW HEMOGLOBIN	411.04	FEEDING FOODS NOT APPROPRIATE TO DEVELOPMENTAL AGE
341	NUTRIENT DEFICIENCY DISEASES	411.05	FEEDING FOODS THAT COULD BE CONTAMINATED
342	GASTRO-INTESTINAL DISORDERS	411.06	ROUTINELY MIXING FORMULA INCORRECTLY
343	DIABETES MELLITUS	411.07	LIMITING BREASTFEEDING FOR FULLY BREASTFED
344	THYROID DISORDERS	411.08	FEEDING A DIET BERY LOW IN CALORIES OR NUTRIENTS
345	HYPERTENSION	411.09	UNSAFE PREP/HANDLING/STORAGE OF BREASTMILK/FORMULA
346	RENAL DISEASE	411.10	FEEDING POTENTIALLY HARMFUL DIETARY SUPPLEMENTS
347	CANCER	411.11	NOT FEEDING RECOMMENDED DIETARY SUPPLEMENTS
348	CENTRAL NERVOUS SYSTEM DISORDER	428	DIETARY RISK ASSOC W/ COMPLEMENTARY FEEDING PRACTICES
349	GENETIC AND CONGENITAL DISORDERS	502	TRANSFER OF CERTIFICATION
351	INBORN ERRORS OF METABOLISM	603	BREASTFEEDING COMPLICATIONS
352.1	INFECTIOUS DISEASES - <b>ACUTE</b>	701	INFANT UP TO 6 MO OF WIC MOTHER/WOMAN ELIGIBLE DURING PREGNANCY
<b>352.2</b>	<b>INFECTIOUS DISEASES - CHRONIC</b>	702	BREASTFEEDING INFANT OF WOMEN AT NUTR RISK
353	FOOD ALLERGIES	801	HOMELESSNESS
354	CELIAC DISEASE	802	MIGRANCY
355	LACTOSE INTOLERANCE	902	LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD
356	HYPOGLYCMIA	903	FOSTER CARE
357	DRUG-NUTRIENT INTERACTIONS	904	EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE